



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/034,826
Filing Date: December 28, 2001
Applicant: Garrett Holmes, et al.
Group Art Unit: 2832
Examiner: Lincoln Donovan
Title: VARIABLE BLEED SOLENOID

Attorney Docket: DKT 00054A (BWI-00055)

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Examiner's Office Action mailed March 26, 2004. The Applicant respectfully requests reconsideration of the Examiner's rejections and/or

objections in view of the remarks set forth below. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on Page 3 of this paper.

Remarks begin on Page 9 of this paper.



2832
JFW

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/034,826	
	Filing Date	December 28, 2001	
	First Named Inventor	Garrett Holmes, et al.	
	Art Unit	2832	
	Examiner Name	Lincoln Donovan	
Total Number of Pages in This Submission	30	Attorney Docket Number	DKT 00054A (BWI-00055)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Applicant believes no fee to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Warn, Hoffmann, Miller & LaLone, P.C. Philip R. Warn - Reg No. 32775	
Signature		
Date	June 28, 2004	

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Typed or printed name	Philip R. Warn - Reg. No. 32775	
Signature		Date June 28, 2004

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